## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70395	
O.I.P.E. CLASSIFIER	,	W-2	
FORMALITY REVIEW		. 7/423	10-31-00
RESPONSE FORMALITY REVIEW	,		
			1

## INDEX OF CLAIMS

~	Rejected	N	Non-elected
=	Allowed	1	Interference
	(Through numeral) Canceled	Α	Appeal
		0	Objected

Claim	Date	Claim	Date	Claim	Date
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14	<del></del>	64		114	<del>                                     </del>
15	<del>-   -   -   -   -   -  </del>	65		115	<del>                                     </del>
16	<del></del>	66		116	<del>{                                    </del>
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18	<del>-   -   -   -   -   -   -   -   -   -  </del>	68		118	<del>                                     </del>
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23		74	+ + + + + + + + + + + + + + + + + + + +	124	+ + + + + + + + +
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25		75		125	++++++
26		76	+ +		+-
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